Response to Letter to Editor Re: Mehta T, Venkata Subramaniam A, Chetter I, McCollum P. Assessing the validity and Responsiveness of Disease-specific Quality of Life Instruments in Intermittent Claudication. *Eur J Vasc Endovasc Surg* 2006;31:46–52

We would like to thank Mr Chong and colleagues for their comments. The main point of their comments, seem to relate to the fact that we did not include their instrument, the ICQ, in our paper assessing disease specific instruments for claudication. We chose the instruments for study early in 2002 before the ICQ was published. We were, however, aware of the ICQ from published abstracts and did approach the authors for permission and assistance in including the ICQ in our studies. We did not receive a timely response.

A small number of claudicants will deteriorate and progress to critical ischaemia thus we are of the opinion that any disease specific QOL instrument should be able to detect this change. The sensitivity to negative change of any instrument not assessing critical ischaemia needs to be closely examined. We are not aware of any publications comparing the ICQ to other disease specific QOL instruments (we consider the WIQ to be a paper treadmill test rather than a QOL measure) thus to claim the ‘ICQ is currently the best condition specific instrument’ requires further justification.

T.A. Mehta*, I.C. Chetter

*Academic Vascular Unit, Vascular Laboratory, Alderson House Hull Royal Infirmary, University of Hull, Hull HU3 2JZ, UK*

E-mail address. tapanmehta99@yahoo.com

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*Corresponding author. Tapan Anil Mehta, FRCS, Academic Vascular Unit, Vascular Laboratory, Alderson House Hull Royal Infirmary, University of Hull, Hull HU3 2JZ, UK.

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We read with interest the paper from Mehta *et al.* recommending the VASCUQUOL as the most responsive disease specific instrument for evaluating quality of life (QOL) changes in intermittent claudication (IC).

Although we agree with the authors that one of the main aims of treating IC is to reverse its detrimental effect on QOL, we are rather surprised that in their search of a suitable disease-specific instrument for this condition, there was no evaluation of the intermittent claudication questionnaire (ICQ) in their study. The ICQ is a patient assessed, 16-item instrument that takes an average time of 3.7 min to complete with a test-retest intraclass correlation of 0.95 and Cronbach’s alpha of 0.94.1 In recently published randomised studies evaluating the impact of treating IC, Cheetham *et al.*2 and Kakkos *et al.*3 have shown that the ICQ was superior to the SF-36 in being able to detect subtle but important QOL changes in claudicants following intervention. If a suitable disease-specific instrument is available, it may be time to abandon the use of lengthy, non-responsive generic instruments in labour intensive IC trials.

Although across the Atlantic, the WIQ (Walking Impairment Questionnaire) is the preferred disease-specific instrument for evaluation of QOL in IC, we agree with the authors’ conclusion in a previous review that the WIQ is really only a measure of walking performance and not strictly a QOL measure.4 Although walking impairment is a feature of IC, evaluation of this function alone does not fully address claudicants’ concerns regarding QOL impairment. For example, a maximum walking distance of 50 m may be a handicap to one patient, but may be perfectly